



Information Bulletin for Primary Care Network Providers

July 2004



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Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pdfs/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

There is a link to the PCN Manual on the Medicaid Provider's web site:
<http://health.utah.gov/medicaid/provhtml/provider.html>. The link is at the bottom of the Provider's web page.

This bulletin is available in editions for people with disabilities.

**Call Medicaid Information:
538-6155 or toll free 1-800-662-9651**

PCN web site: <http://health.utah.gov/pcn>
PCN Information
- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico,
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- by FAX: 1-801-536-0476
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Box 143106, Salt Lake City UT 84114-3106

04 - 54 Non-Covered Codes - CPT Code List

During review of the reference file the following non-covered codes were identified on the list of CPT codes and removed from the covered CPT code list effective July 1, 2004.

73092 RADIOLOGIC EXAM;UPPER EXTREMITY,INFANT,MIN 2 VIEW
73542 RADIOLOGICAL EXAM,SACROILIAC JOINT,ARTHROGRAPHY, SUPRV/INTR
73592 RADIOLOGIC EXAM;LOWER EXTREMITY,INFANT,MIN 2 VIEW
76999 UNLISTED DIAGNOSTIC ULTRASOUND

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04 - 55 Updates to Criterion - Limitations

#34 Removal of Benign or Premalignant Skin Lesions: In addition to seborrheic keratoses, hemangiomas, and sebaceous epidermoid cysts, **lipomas** will be non-covered effective July 1, 2004. ■

04 - 56 Discontinued Codes

Code 90659 INFLUENZA VIRUS VACCINE WHOLE, FOR IM OR JET INJECTION USE has been discontinued effective April 1, 2004. To report influenza virus vaccine, use code 90658 INFLUENZA VIRUS VACC,SPLT VIR,3 YRS+,INTRAMUSCLR. An update has been made to section 2-8, page 13 of 21, in the PCN Provider Manual.

Codes 89252 and 89256 have been discontinued effective April 1, 2004. They have been removed from the non-covered family planning services list on page 16 of 21 in the PCN Provider Manual.

Medical Supply codes A6430 and A6434 have been discontinued effective April 1, 2004. There are no replacement codes available. They have been removed from the Durable Medical Equipment and Supplies list of covered codes section 2-7, page 12 of 21, in the PCN Provider Manual. ■

04 - 57 Coding Changes to Non-Covered Pregnancy Related Services

Due to recent HIPAA regulations and the discontinuation of local Y-Codes effective October 1, 2003, the non-covered pregnancy related services list (#35) pages 18 & 19 of 21, has been modified. The formerly listed Y-Codes under High Risk and Enhanced Services, High Risk Delivery(s), Enhanced Services, and Certified Nurse Midwife Services now reflect the replacement codes in effect at the present.

***Changes to coverage has not occurred.

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